

Department of Health and Human Services (DHHS)

The Centers for Medicare & Medicaid Services (CMS)

Center for Medicaid, CHIP, and Survey & Certification

2011 Edition-Announcement

Medicaid Infrastructure Grant

To Support the Competitive Employment of People with Disabilities

Funding Opportunity Number: CMS-1QA-11-001

Competition ID: CMS-1QA-11-001-011593

CFDA No. 93.768

Electronic Application due date July 16, 2010

Note: No mailed applications being accepted

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PROGRAM ANNOUNCEMENT

OVERVIEW INFORMATION:

Agency Name: Department of Health and Human Services/Centers for Medicare & Medicaid Services/Center for Medicaid, CHIP, and Survey & Certification

Funding Opportunity Title: The Medicaid Infrastructure Grant

Announcement Type: Initial Announcement

Funding Opportunity No.: CMS-1QA-11-001

Competition ID: CMS-1QA-11-001-011593

Catalog of Federal Domestic Assistance No. (CFDA): 93.768

Dates:

Applicants Conference Call	TBD and posted on the CMS Employment website
Notice of Intent to Apply Due Date	June 14, 2010
Electronic Application Due Date	July 16, 2010
Award Announcement	November 30, 2010
Project Period	January 1, 2011 – December 31, 2011

Executive Summary

Ticket to Work and Work Incentives Improvement Act of 1999 Medicaid Infrastructure Grants

The Centers for Medicare & Medicaid Services (CMS) is soliciting proposals from States to develop the infrastructure to support competitive employment opportunities for people with disabilities. Section 203 of the Ticket to Work and Work Incentives Improvement Act of 1999 directs the Secretary of the Department of Health and Human Services (DHHS) to establish the Medicaid Infrastructure Grant (MIG) Program. Funding for this program is intended to facilitate enhancements to State Medicaid programs and services, to promote linkages between Medicaid and other employment-related service agencies, and to develop a comprehensive system of employment supports for people with disabilities. CMS is the designated DHHS agency with administrative responsibility for this grant program.

Either of the following may apply: (a) the single State Medicaid agency; or (b) any other agency or instrumentality of a State (as determined under State law) in partnership, agreement and active participation with the single State Medicaid agency, the State Legislature, or the Office of the Governor. For purposes of this grant program, “State” is defined as each of the 50 States, the District of Columbia, Puerto Rico, Guam, the United States Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands.

In 1999, Congress authorized the MIG program for 11 years. It appropriated \$150 million in funding over the first 5 years of the program. Beginning in 2006 the funding amount is taken from the previous year and increased using the consumer price index. The 2011 funding amount is \$46.81 million. Any remaining unspent funds from previous years will also be awarded. The grant period will run 12 months from January 1, 2011 to December 31, 2011. The minimum award to an applicant will be \$500,000 per year. No State or local matching funds are required. The statute requires participating States to offer personal assistance services through the State’s Medicaid program sufficient to support individuals in employment.

While CMS anticipates that the proposals submitted by applicants will vary, we expect that grantees participating in this program will use funding to first remove employment barriers for people with disabilities by creating systemic change throughout the Medicaid program, and later to remove employment barriers within State and local systems generally. States may develop employment systems through a progression of activities beginning with the development of core Medicaid components. The components include personal assistance services, supported employment and a Medicaid Buy-In program that enable people with disabilities to participate in their communities through meaningful employment opportunities. Additional components may address improving existing employment policies for workers with disabilities upon retirement, or, developing effective coordination with systems changes underway due to national Health Care Reform legislation. States may then use program funds to enhance these supports by building other infrastructure needed to develop a comprehensive employment system.

FULL TEXT OF ANNOUNCEMENT

I. FUNDING OPPORTUNITY DESCRIPTION

A. PURPOSE

CMS is soliciting proposals from States to develop Medicaid infrastructure to support the competitive employment of people with disabilities by facilitating targeted improvements to the State's Medicaid program and/or developing a comprehensive employment infrastructure that coordinates disparate State service delivery systems. Section 203 of the Ticket to Work and Work Incentives Improvement Act of 1999 directed the Secretary of the Department of Health and Human Services (DHHS) to establish a grant program supporting State efforts to better serve people with disabilities who are employed. CMS is the designated DHHS agency with administrative responsibility for this grant program.

The grant program was authorized for 11 years, and \$150 million in funding was appropriated for the first 5 years of the program. For each of FY 2006 through 2011, the amount appropriated for the preceding FY increased by the percentage increase (if any) in the Consumer Price Index for All Urban Consumers for the preceding fiscal year. The minimum grant award to an eligible State is \$500,000 per year, subject to the sufficiency of the annual appropriation limit to cover all applicants. While CMS anticipates that the proposals submitted by the States will vary, there is the overall expectation that States participating in this grant program will use the funds to remove the barriers to employment of persons with disabilities by creating systemic change throughout the Medicaid program as well as by bridging Medicaid and other programs to further remove barriers. Applicants should propose infrastructure development which will offer sustainable and significant improvement in the ability of the system to provide adequate health coverage for people with disabilities, who are competitively employed, provide needed personal assistance and other supports, and/or remove other significant employment barriers. The outcome of these efforts is to increase the number of people with disabilities in competitive employment. Summaries of current grantee activities can be found on the CMS website for the Ticket to Work and Work Incentives Improvement Act at: http://www.cms.gov/CommunityServices/45_Employment.asp#TopOfPage .

B. OBJECTIVES

Basic Medicaid Infrastructure Development

States may propose to use funding to build basic Medicaid employment supports for people with disabilities. This use of funding allows States to implement, develop, and improve Medicaid Buy-In programs, including enacting employment policies for workers with disabilities upon retirement. Funding also allows states to increase the availability of personal assistance services and supported employment through the Medicaid State plan or waiver programs, assure access to other health care supports that may support the employment objectives of people with disabilities, and develop effective coordination with systems changes underway due to national Health Care Reform legislation. States must identify what projects they propose to undertake in 2011 and how these projects will be made sustainable into the future.

Comprehensive Employment Systems

States that have developed effective Medicaid services with the goal of assisting employment may use MIG funding to build comprehensive approaches to removing employment barriers by forming linkages between Medicaid services and other non-Medicaid programs. Such infrastructure development should continue to support the goal of removing barriers to employment and create lasting improvements by expanding the capacity of the State to support individuals with disabilities who wish to work.

A comprehensive approach to services and supports is needed because while SSDI, SSI, Medicare and Medicaid all contain valuable work incentive provisions that can extend cash benefits and medical coverage; such incentives are under-utilized and, very often, poorly understood by both beneficiaries and professionals alike. Further, most programs work independently from one another. For example, removing a percentage of an individual's benefits as a result of work can produce a negative net income. Additionally, reductions to the SSDI benefit do not consider that the person may also be losing a housing benefit under Section 8 or Food Stamp benefits. The supports lost can exceed the amount earned; therefore, work may not pay. Comprehensive improvements to existing employment policies, such as Medicaid Buy In programs, may also include efforts to ensure ongoing access to needed healthcare and other supports for workers with disabilities upon retirement, or, develop effective coordination with systems changes underway due to national Health Care Reform legislation. Significant actions were taken through the Ticket to Work and the Work Incentives Improvement Act of 1999 to lessen these barriers. However, the current system remains highly fragmented and difficult to implement in a coordinated way.

The major objectives of this competition are to develop a comprehensive employment system that:

- ✓ Maximizes employment for people with disabilities;
- ✓ Increases the State's labor force through the inclusion of people with disabilities; and
- ✓ Protects and enhances workers healthcare, other benefits, and needed employment supports.

In order to achieve these objectives, States will need to involve a significant number of programs, services, and agencies working in partnership with the common goal of a comprehensive approach that supports the individual with a disability who wants to work. States must identify what projects they propose to undertake in 2011 and how these projects will be made sustainable into the future.

C. BACKGROUND

Many Americans with significant disabilities want to work but are discouraged from doing so by barriers in the current system of benefits and supports. The Ticket to Work and Work Incentives Improvement Act of 1999 seeks to address many of these barriers. This Act expands Medicare and Medicaid coverage for certain categories of employed individuals with disabilities because people with disabilities have continually identified the loss of health care coverage as one of the major obstacles they face as they return to work. The Act also provides improvements in employment supports from other Federal agencies. Most importantly, the Act is a commitment

to people with disabilities that they can and should be productive members of the country's workforce.

The Act provides States the option to offer Medicaid Buy-Ins to employed people with disabilities through two optional eligibility groups. The first optional group is for individuals from age 16 through 64 who would meet the eligibility requirements for the Supplemental Security Income program but for higher earnings or resources. The second optional group, referred to as the Medical Improvement Group, is for people who, at one time, were eligible under the first optional group but who are determined to have medically improved at a regularly scheduled continuing disability review (CDR). These two options build upon an earlier "working disabled" eligibility category established under the Balanced Budget Act of 1997. A core objective of this grants program is for States to implement and develop Medicaid Buy-In programs offered under either the Ticket to Work and Work Incentives Improvement Act, or under the Balanced Budget Act of 1997.

One challenge currently faced by Medicaid Buy-In participants is the access to needed healthcare coverage upon retirement. Medicaid Buy-In program participants, able to earn more and save more than other Medicaid program participants, are often caught in a significant healthcare and financial disincentive when they stop working due to age or illness. Higher earnings and savings from employment can make an individual ineligible for other Medicaid programs. Some States have been able to address this challenge using MIG resources to explore, design and implement policy improvements to the Medicaid system thereby eliminating the disincentives.

The MIG program was created to provide financial assistance to States to facilitate the competitive employment of people with disabilities through (a) Medicaid Buy-In opportunities under the Medicaid State plan, (b) significant improvements to Medicaid services that support people with disabilities in their competitive employment efforts, and (c) providing comprehensive coordinated approaches across programs to removing barriers to employment for individuals with a disability. The need for comprehensive employment systems is essential.

In spite of these and other incentives contained elsewhere in the Ticket to Work and Work Incentives Improvement Act, stakeholders continue to express concern over the limitations and complexities of the current employment system for people with disabilities.

Expectations. In general, society has low employment expectations for people with disabilities, in spite of example after example of individuals who have highly successful careers. We reinforce those low expectations by tying income and healthcare benefits to not working. Employment for many individuals is seen as a social-developmental activity, not as the primary defining role that it is for people without severe disabilities. Family members, friends, service providers, and the individuals themselves share and reinforce this attitude, leading to a self-fulfilling prophesy. These low expectations often begin early in life and are repeated and reinforced as individuals mature. Equally important is the message we send to potential employers: Why should they hire people with disabilities? They can only work a few hours; they cannot do certain tasks; they are unreliable; they are often sick; and they have high absenteeism.

Segregation. We force people into programmatic silos based on their age, their disability, or their education. This in turn leads to limited opportunities for employment based on the particular silo they are in. We build silos based on the services and supports that are provided by

specialized agencies (mental health centers, vocational rehabilitation agencies, day care centers, and schools). Each has its own agenda and seeks a particular clientele. We segregate people with disabilities into day activity programs, sheltered workshops, enclaves, etc. and much of this segregation is tied to funding streams.

Fragmentation. Similarly, our employment support system for people, especially those with disabilities, is fragmented. It has many relatively autonomous parts. Our educational system works with children and young adults, preparing them for employment or higher education. The post-secondary education system is composed of colleges, universities, community colleges, and technical schools. The vocational rehabilitation system provides a variety of vocational services including counseling and training. Workforce Incentive Act, One-Stops provide access to job services and vocational services and supports. Mental health centers and organizations that serve people with mental illness provide employment related services. All too often, these systems do not interact or interact ineffectively.

Contradictory Messages. People with disabilities, their families and friends, and employers are being inundated with contradictory messages. To be eligible for assistance in going to work through the Social Security Administration a person must first prove he or she is so disabled that they cannot work. Congress, through this very legislation as well as other Federal statutes establishes employment goals for people with disabilities, but there are other statutes that penalize work attempts.

Complexity. The Federal and State statutes, regulations, guidelines, and other legal documents represent a large amount of exceedingly complex material. The rules for getting on Medicaid, and then staying on, are complex. The Social Security disability rules and regulations are different and also very elaborate. When we combine these complexities with the multiple organizations that people with disabilities must navigate, it is amazing that as many people with disabilities work as do. Also because of this complex system of red tape and multiple organizations, prospective employers tend to avoid becoming involved.

These are some of the issues facing the States, their communities, employers, and people with disabilities and their families. It is this system of mixed messages, low expectations, segregation, fragmentation, contradiction, and complexity that we expect States to address through this grant program.

D. FUNDING PRIORITIES

There are two activities, Basic Medicaid Infrastructure Development and Comprehensive Employment Systems Infrastructure Development, for which grant funds are available and a State may apply for grant funding to carry-out objectives under both of the grant activities. A State may use funds from both categories to purchase technical assistance as described under #3 and #4 in this section.

- **Basic Medicaid Infrastructure Development:** The grant award will be from a minimum of \$500,000 per year up to a maximum of \$750,000 per year.
- **Comprehensive Employment Systems Infrastructure Development:** The grant award will be from a minimum of \$500,000 per year up to a maximum of ten percent of the Medicaid Buy-In service expenditures for people with disabilities, per year. States

should base this calculation on service costs only and include State and Federal dollars.

States applying for a Comprehensive Employment Systems Grant are required to document their Medicaid Buy-In expenditures either in the form of expenditure reports for the previous fiscal year or actual budgeted expenditure levels approved by the legislature and Governor for the previous year, the current year or as projected for the budget year. All documentation regarding the Buy-In expenditures must be included with the application.

Funding above \$500,000 per budget year is at the discretion of CMS. Funding in excess of the minimum grant award of \$500,000 will be subject to a higher evaluative standard than States applying for the minimum grant award. We anticipate that funding requests will exceed the available funds for this solicitation. Therefore, applicants requesting amounts above the minimum should be prepared to modify their plans if funding availability becomes an issue.

1. Basic Medicaid Infrastructure Development

CMS expects that the majority of State efforts in the last year of this grant (2011) and any additional no cost extensions will be devoted to activities that promote infrastructure development and are supported by a clear plan for sustainability. **Note: A specific format and required elements of the grant application are provided in Section V, beginning on Page 23.**

Applicants should expect to dedicate significant effort toward designing and implementing a sustainability plan for core infrastructure components necessary to establish or improve the capability to provide or manage necessary health care services and support for competitive employment of people with disabilities. The infrastructure may be at the State and/or local level and may be provided or contracted by government or other organizations under contract with the responsible government agency. Some examples are provided below:

Medicaid Buy-In: Planning, design, implementation and/or effective management of any of the Medicaid Buy-In options under the 1997 Balanced Budget Act (section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act) and/or the Ticket to Work and Work Incentives Improvement Act (section 1902(a)(10)(A)(ii)(XV) or (XVI) of the Social Security Act). Examples include: time-limited staff planning costs; expenses for people with disabilities to participate in State planning and implementation events; automated information and eligibility systems modifications necessary for the Buy-In or for Medicaid payment of Medicare Part B premiums on behalf of subscribers to the Medicaid Buy-In; automated enrollee tracking systems; basic research and evaluation; designing and implementing program improvements for Medicaid Buy-In participants upon retirement, etc. Also included is outreach to people with disabilities or employers to learn about the opportunities to work and to sustain health coverage under Medicaid and/or Medicare, to enroll in the Medicaid Buy-In, and to access needed supports to sustain competitive employment. Additional examples are provided in Appendix Two.

Medicaid Services: Planning, design, or initial management and/or evaluation of improvements to make the Medicaid State plan (or Medicaid waivers) provide more effective support to workers with disabilities. Examples include: improvements to personal care, transportation, durable medical equipment, community-based treatment, or Medicaid waiver support of employment. Coordination between the activities of other State agencies in support of working

people with disabilities, national Health Care Reform legislation, and the State Medicaid program is permissible. Additional examples are provided in Appendix Two.

On-going administration of Medicaid services is not a fundable activity unless such administration is part of a well-defined test of alternate and improved methods focused specifically on employment (e.g. testing, implementation and management of new prior authorization criteria under Medicaid personal care designed to assess the need for additional support when people are employed).

Supported Employment for People with Mental Illnesses

Many people with serious mental illness have the ability and desire to work, yet employment rates for these individuals are low, with estimates ranging from 32 to 61 percent.^[1] Supported employment is assistance in obtaining and keeping competitive employment in an integrated setting. Some supported employment principles and practices that have been found to improve employment outcomes for people with serious mental illness include, but are not limited to: 1) assistance to find competitive employment without screening for work-readiness; 2) coordination between employment specialists and other mental health professionals; and 3) benefits counseling to help people maximize income, access work incentives, and maintain health insurance while working.

There are several Medicaid authorities that can fund many components of supported employment services for people with mental illnesses, such as: Medicaid State Plan rehabilitative services under section 1905(a)(13) of the Social Security Act (Act); and 1915(c) Home and Community Based Waiver and 1915(i) Home and Community Based State Plan Services. State Vocational Rehabilitation (VR) programs funded through the Rehabilitative Services Administration also have some responsibility for many components of supported employment programs, under Section 103(a) of the Rehabilitation Act (amended in 1988).

CMS issued guidance on evidence based practices in a memorandum to State Medicaid Directors (July 15, 2005) describing how elements of supported employment can be covered by Medicaid funding authorities. CMS has also developed Promising Practices that describes how one State has successfully integrated Medicaid and VR funding to create comprehensive, seamless evidence based supported employment services for people with mental illnesses. For more information, visit:

<http://www.cms.hhs.gov/promisingpractices/downloads/MD%20Supported%20Employment.pdf>.

Grantees should describe any activities dedicated to creating a comprehensive, seamless supported employment service system to assist people with mental illness to find and maintain employment.

Peer Support Services to Gain and Maintain Employment

States are increasingly interested in covering peer support providers as a distinct provider type for the delivery of counseling and other support services to Medicaid eligible adults with mental illnesses and/or substance use disorders. Peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals

[1] Mechanic, et al. "Employing Persons with Serious Mental Illness" *Health Affairs* 21: 242-253 (September/October 2002).

with their recovery from mental health. CMS issued guidance about peer support services in the State Medicaid Directors Letter #07-011, dated August 15, 2007.

States should describe any activities related to offering peer support services as a component of a comprehensive behavioral health delivery system for helping people find and maintain competitive employment.

2. Comprehensive Employment Systems Infrastructure Development

These grant funds are available to build and support comprehensive employment systems infrastructure. Essential elements of such systems are outlined below. **Note: A specific format and required elements of the grant application are provided in Section V, beginning on Page 23.**

CMS expects that the majority of State efforts in the last year of this grant (2011) and any additional no cost extensions will be devoted to activities that promote comprehensive infrastructure development and are supported by a clear plan for sustainability. Regardless of whether a state has previously completed a strategic plan for statewide, competitive employment through the MIG, applicants should expect to dedicate significant effort toward designing and implementing a sustainability plan for core infrastructure components necessary to enable and promote the competitive employment of workers with disabilities across systems in 2011.

An effective comprehensive employment system must have clear principles and objectives directed at the meaningful employment of people with disabilities. We have prepared the following set of **guiding principles** to assist States in developing their comprehensive employment systems:

General Principles

- People with disabilities are valuable human resources; there is a community expectation that they will participate in the labor force to the maximum extent possible.
- Anyone, regardless of disability, must have the opportunity to participate in the labor force and have the right to fair treatment in exercising that opportunity.
- Local labor market (employer) needs must be met.
- There must be a mutual benefit to the employee with a disability and the employer.
- Employment must be in typical integrated workplace settings appropriate to the type of work.
- All employment options must be available from entry-level jobs to the most advanced occupations.
- Individuals have the right to choose their employment and employer.
- Employers have the right to choose whom they hire.
- People have the right to take risks in the employment they choose.

System Principles

- The system will maximize employment for people with disabilities.
- The system will provide a high quality workforce for employers.

- It will provide effective leadership at the State and local level.
- It works for all job seekers (not just persons with disabilities)
- It is responsive to the needs of employers and people with disabilities.
- It has both a local and a State structure; it is based in local communities.
- There is ease of access for employers and potential employees; simplicity of design.
- It effectively tracks employment and earnings (outcomes) and demonstrates clear measures of success.
- It is permanent—available to people whenever they need it. It must be built on a stable funding base, not competitive grant funds.
- It does not put the individual (with a disability) or the employer at risk.
- It puts a premium on communication and coordination among all the elements of the system.

Service and Support Principles

- It must be as transparent as possible to both the employer and employees.
- The individual's employment choices and resulting services and supports should be based on individual person-centered designs.
- Person-centered planning tools need to focus on employment.
- Services and supports strategy should include “whatever it takes” to achieve successful employment outcomes.
- Public and post-secondary education are key ingredients to success in a changing business world.
- Service and support practices must be “evidence based” (tested).
- Assistive technology must be accessible, universal, flexible, and replaceable.
- Technology is a critical tool to the provision of services and supports.
- Quality healthcare coverage must be available to all.
- Other employment-related services and supports must be available on an as-needed basis (e.g., transportation, child care, personal assistance, assistive technology).

3. Technical Assistance: All Grantees

All States are required to submit a technical assistance (TA) plan in compliance with minimum requirements set by CMS as part of the grant application. States share similar objectives for grant funding and many States need similar types of assistance. To facilitate the sharing of technical assistance and contacts, the on-line reporting structure used by all grantees will be the focus of this information exchange. States will be required to post all technical assistance products purchased with grant funding and make them available for use by other States.

State-to-State technical assistance helps States plan and design needed Medicaid and employment systems infrastructure; disseminate information on “lessons learned”; facilitate the sharing of knowledge among States, employers and community organizations; support efforts to involve people with disabilities in the design and management of the Medicaid Buy-Ins; and

replicate successful programs and sustainability supporting the employment of people with disabilities by eliminating health care barriers.

States must present a technical assistance plan as part of their applications. The plan must provide a reader with clear information regarding the technical assistance expectations that a State plans to make of any TA provider. The TA plan must be accompanied by a budget that corresponds to the planned activities, strategic plan goals, and includes deliverables and a timeline. States may choose to contract with established State-to-State technical assistance networks or with any other TA provider that can meet the needs of the State. States are encouraged to spend no more than 8 percent of the annual grant award or \$50,000 (whichever is the lesser) on TA. However, if TA spending exceeds that amount, a justification is necessary to ensure no duplication of efforts.

II. AWARD INFORMATION

A. Funding Availability

Funding for the MIG Program is authorized through Section 203 of the Ticket to Work and Work Incentives Improvement Act of 1999. Section 203 provides for grants to develop and establish State infrastructures to support working individuals with disabilities. A total of \$46.81million has been authorized for 2011. Any unspent funds from previous years will be awarded. Funding awarded for this program has been authorized and appropriated by Congress through fiscal year 2011. CMS expects to make between 30 and 35 awards. The minimum award to an applicant will be \$500,000 per year. A State may only have one MIG in a given project period.

Funding above \$500,000 per budget year is at the discretion of CMS. Funding in excess of the minimum grant award of \$500,000 will be subject to a higher evaluative standard than States applying for the minimum grant award. We anticipate that funding requests will exceed the available funds for this solicitation. Therefore, applicants requesting amounts above the minimum should be prepared to modify their plans if the amount of funds requested, exceeds that which is available.

B. Duration of Awards

The budget period will run from January 1, 2011 through, December 31, 2011, with the option for a 12 month no-cost extension at the discretion of CMS. The minimum grant award will be \$500,000 per year. No State or local cash matching funds are required. CMS expects to make between 30 and 35 new awards by November 30, 2010.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Either of the following may apply to administer the Medicaid Infrastructure Grant: (a) the single State Medicaid agency; or (b) any other agency or instrumentality of a State (as determined under State law) in partnership, agreement and active participation with the single State

Medicaid Agency. A letter of commitment from the single State Medicaid agency must be included in the application if a non-Medicaid State agency or instrumentality is applying for the Medicaid Infrastructure Grant.

For purposes of this grant program, “State” is defined as each of the 50 States, the District of Columbia, Puerto Rico, Guam, the United States Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands.

States may apply under the following circumstances:

Eligible States are defined in Appendix One, which contains CMS’ operational definition of an effective personal assistance services. States with personal assistance programs that meet the criteria described in Appendix One may apply for 12 months of funding and one no-cost extension, up to twelve months in duration. Participating States must offer evidence that their personal assistance services under Medicaid fulfill the requirements in Appendix One of this grant solicitation.

CMS retains the right to deny subsequent awards to States with existing awards if those States have not expended or obligated most of the funds awarded to them under the previous award by the time we review continuation grant applications. No State will be permitted to have a no cost extension on one grant and receive a second competitive grant for the same grant period.

A. State Eligibility by Funding Category

As mentioned in section I, Funding Opportunity Description, the two funding categories are:

1. Basic Medicaid Infrastructure Development
2. Comprehensive Employment Systems Infrastructure Development

A State that has a Medicaid Buy-In program with an income cap no lower than 200 percent of FPL may apply for either a Basic Medicaid Infrastructure Development Grant, or a Comprehensive Employment Systems Infrastructure Grant.

A State without a Medicaid Buy-In program meeting the above standards may apply for the Basic Medicaid Infrastructure Development Grant.

As mentioned in Section II, Award Information, the minimum grant award will be \$500,000. For States that are applying for Basic Infrastructure Development the maximum award a State may request is \$750,000. For States that are applying for Comprehensive Employment Systems Infrastructure Development, the maximum award is an amount equal to 10 percent of the Medicaid Buy-In expenditures for people with disabilities per year. States should base this calculation on service costs only and include State and Federal dollars.

States applying for Comprehensive Employment Systems Grants requesting awards above \$750,000 are required to document their Medicaid Buy-In expenditures either in the form of expenditure reports for the previous fiscal year or actual budgeted expenditure levels approved by the legislature and Governor for the previous year, the current year or as projected for the budget year. All documentation regarding the Buy-In expenditures must be included with the initial application; Medicaid Buy-In expenditures must be certified by the State’s Medicaid

director. CMS will consider states previous spending performance when determining availability of funds for 2011.

2. Cost Sharing or Matching

No State or local match is required as part of this grant program.

3. OTHER

The Principal Investigator or Project Director should be clearly identified in the application with contact information. Applicants are encouraged to submit a non-binding Letter of Intent (LOI) by June 4, 2010. See Section IV, *Application and Submission Information*, for additional information.

4. FOREIGN AND INTERNATIONAL ORGANIZATIONS

FOREIGN AND INTERNATIONAL ORGANIZATIONS ARE NOT ELIGIBLE TO APPLY.

5. FAITH-BASED ORGANIZATIONS

FAITH-BASED ORGANIZATIONS ARE NOT ELIGIBLE TO APPLY.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

This solicitation serves as the application package for this grant and contains all the instructions that a potential applicant requires to apply for grant funding. The application should be written primarily as a narrative with the addition of standard forms required by the Federal government for all grants. Applicants are to submit their applications electronically. A complete electronic application package, including all required forms, for this MIG solicitation is available at <http://www.grants.gov>.

Standard application forms and related instructions are available online at <http://www.cms.hhs.gov/GrantOpportunities>

Standard application forms and related instructions are also available from Nicole Nicholson, Centers for Medicare & Medicaid Services, Office of Operations Management, Acquisition and Grants Group, C2-21-15 Central Building, 7500 Security Boulevard, Baltimore, MD 21244-1850 by e-mail at Nicole.Nicholson@cms.hhs.gov.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

Letters of Intent

Applicants are encouraged to submit a non-binding Letter of Intent to apply (See Appendix Four). However, Letters of Intent are not required and submission or failure to submit a letter

has no bearing on the scoring of proposals received. The receipt of letters enables CMS to better plan for the application review process. Letters of Intent are due June 14, 2010 and should be submitted electronically to Effie George at: effie.george@cms.hhs.gov.

Electronic Applications

All grant applications must be submitted electronically and are due on July 16, 2010. Applications received through <http://www.grants.gov> until 5:00pm Eastern Standard time on July 16, 2010 will be considered “on time.” All applications will receive an automatic time stamp upon submission and applicants will receive an automatic e-mail reply acknowledging the application’s receipt.

Applications that do not meet the above criteria will be considered late. **Late applications will not be reviewed and returned the applicant.**

Application Format

Each application must include all contents described below, in the order indicated, and in conformance with the following specifications:

Use 8.5 x 11" pages (one side only) with one-inch margins (top, bottom and sides). Paper sizes other than 8.5 x 11" will not be accepted. This is particularly important because it is often not possible to reproduce copies in a size other than 8.5 x 11”.

Use a font not smaller than 12-point.

Double-space all narrative pages. The project abstract may be single-spaced.

There is a 40 page limit for the narrative portion, including the completed Sustainability Workplan and any additional narrative but excluding budgetary information, required appendices, and letters of support, assurances and certifications. Please do not repeat information detailing existing State programs.

Additional documentation may be appended; however, material should be limited to information relevant but not essential to the specific scope and purpose of the grant. Please do not include critical details in an appendix because appendices will not be included for purposes of the ratings process.

Required Contents

A complete proposal consists of the following material organized in the sequence indicated. See appendix five for an application submission checklist. Please ensure that the project narrative is page-numbered. The sequence is:

First:	State Agency Cover Letter
Second:	Mandatory Documents

- Third: Letter of Agreement from single State Medicaid agency (if applicable)
- Fourth: Project Abstract
- Fifth: Project Narrative (including TA plan and Sustainability Workplan)
- Sixth: Budget Narrative/Justification (including TA budget)
- Seventh: Letters of Agreement, Endorsements and Support
- Eighth: Required Appendices
- Ninth: PAS Attestation letter
- Tenth: Indirect Cost Rate Agreement (if applicable)

First: State Agency Cover Letter

A letter from the Director of the State Medicaid agency* or other designated State agency identifying his/her agency as the lead organization, indicating the title of the project, the project director, the amount of funding requested, and the names of all organizations collaborating in the project. The letter should indicate that the State agency has clear authority to oversee and coordinate the proposed activities and is capable of convening a suitable working group, or working groups, of all relevant partners.

*For purposes of this solicitation, State Medicaid agency means the single State Medicaid agency or umbrella agency that houses the State Medicaid program.

Second: Mandatory Documents

The following must be completed and enclosed as part of the proposal.

- SF-424: Application for Federal Assistance
- SF-424A: Budget Information
- SF-424B: Assurances-Non-Construction Programs
- SF-LLL: Disclosure of Lobbying Activities

SSA Additional Assurance Certifications

Key Contacts-please identify the Principal Investigator (PI)/Project Director (PD) and fiscal person who is responsible for completing financial reports i.e. SF-269a and SF-425.

Biographical Sketch of PI/PD (resume)

Copies of these forms may be obtained directly as stated in Section IV 1, *Address to Request Application Package* above with the exception of the Biographical Sketch. The Biographical Sketch can be found at <http://www.cms.hhs.gov/GrantOpportunities> . Please note that a resume may substitute the Biographical Sketch.

Third: Letter of Agreement from Single State Medicaid Agency (if applicable)

If the application is being submitted from a State entity other than the Medicaid Agency, a letter of agreement from the State Medicaid Director must be included in the application.

Fourth: Project Abstract

A project abstract limited to one page single-spaced. The abstract should serve as a succinct description of the proposed project and should include:

The overall goals of the project; whether the grant is a basic or comprehensive grant (which should be indicated both in the narrative and on SF-424 under item 11 “Descriptive Title of Applicant’s Project”), total budget; and a description of how the grant will be used to support or expand competitive employment opportunities for persons with disabilities.

Fifth: Project Narrative

The narrative application should provide a concise and complete description of the proposed project as described in Review Criteria: Section V.1. The narrative or body of the application must not exceed 40 double-spaced pages. Please do not rely on appendices to describe key details. This narrative should contain the information necessary for reviewers to fully understand the proposed project, including the completed Sustainability Workplan.

Sixth: Budget Narrative/Justification

For the budget recorded on form SF 424 A, provide a breakdown of the aggregate numbers detailing their allocation to each major set of activities. The budget narrative must separate technical assistance activity. The proposed budget for the program should distinguish the proportion of grant funding designated for each grant activity. The budget must separate out funding that is administered directly by the lead agency from funding that will be subcontracted to other partners.

If your State has an approved State plan amendment establishing a Medicaid Buy-In program for working individuals with disabilities and is applying for a Comprehensive Employment systems grant in excess of \$500,000 per year, please provide documentation of State and Federal spending for services for the Medicaid Buy-In eligibility group, as described in Section III. *Eligibility Information A.*

Finally, if the State intends to provide emergency direct services or benefits counseling to individuals with up to 10 percent of the grant funds, the budget narrative must include the name of the agency, specific amount of funding, and description of how these funds will be allocated.

Seventh: Letters of Agreement, Endorsements and Support:

Provide a set of endorsements of the support and commitments that have been pledged for the proposed project (e.g. cooperation from the disability community, other State agencies, the executive branch, the legislative branch, employers, business groups, etc.). Include individual letters of support as appropriate.

Eighth: Required Appendices

- (a) **Organizational Charts:** Append one or more charts depicting the organizational relationship amongst the lead agency for this grant, the Single State Medicaid Agency (if different), the agency administering Home and Community-Based Services waivers (if different), and the State Vocational Rehabilitation Agency.

(b) **Memoranda of Understanding:** Append any relevant memoranda of understanding which might illustrate the breadth of the State's employment efforts and the extent of collaboration between relevant agencies.

(c) **Key Staff Qualifications:** Include a biographical sketch or resume of additional key staff describing their qualifications.

Ninth: Personal Assistance Services (PAS) Attestation letter

All States must submit a letter signed by the State's Medicaid Director attesting that the State's PAS system can do the following:

- (1) A State must have criteria for reviewing and responding to requests from qualified employed individuals with disabilities who believe they require more services than determined at their individual assessment, or a different type of physical or cognitive assistance than that which has been made available. Such criteria should be developed in consultation with individuals with disabilities who use PAS and are competitively employed; and
- (2) Workers receiving PAS must be able to receive these services at times during both the day and night seven days a week, subject to a finding of individual need; and
- (3) Unless an individual needs only assistance with activities of daily living, medical necessity definitions used by a State must not preclude the availability of PAS for instrumental activities of daily living such as cooking, cleaning or shopping if such assistance is required for an individual to remain competitively employed.

Tenth: Indirect Cost Rate Agreement (if applicable)

If indirect costs are included in the budget, a copy of the approved Indirect Cost Rate Agreement must be submitted with the application. The agreement may be uploaded in Grants.gov as an attachment. Failure to include the approved Indirect Cost Rate Agreement may result in ten percent of indirect costs of salary/wages only.

Dun and Bradstreet Number

Beginning October 1, 2003, applicants are required to have a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a nine-digit identification number that uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the following Website: www.dunandbradstreet.com or call 1-866-705-5711. This number should be entered in the block with the applicant's name and address on the cover page of the application (Item 8c on the Form SF-424, Application for Federal Assistance). The name and address in the application should be exactly as given for the DUNS number. If not, this may cause a delay in receiving funds if awarded a grant.

3. SUBMISSION DATES AND TIMES

To be considered for funding under the 2011 Medicaid Infrastructure Grant, applications must be submitted electronically through grants.gov on by July 16, 2010 by 5:00pm Eastern Standard Time. Those submitting late applications will be notified that their applications were not considered in the competition and will be returned without review.

Letters of Intent are encouraged and are due June 14, 2010. LOIs should be submitted electronically to Effie George at: effie.george@cms.hhs.gov.

4. INTERGOVERNMENTAL REVIEW

Executive Order 12372 or “Intergovernmental Review of Federal Programs” (45 CFR Part 100) is not applicable to this program.

5. FUNDING RESTRICTIONS

Indirect Costs

The provisions of OMB Circular A-87 govern reimbursement of indirect costs under this grant solicitation. This information may be accessed online at the following website address: <http://www.whitehouse.gov/omb/circulars/a087/a087.html>.

If indirect costs are included in the budget, please include with the application a copy of the approved Indirect Cost Rate Agreement.

General Restrictions

Federal grant funds may not be used to cover costs that are reimbursable under an existing public or private program, such as social services, rehabilitation services, or education. See Appendix Two for an outline of other prohibited uses of grant funds.

Funds may not be used for the direct provision of services to people with disabilities except in two instances; 1) services may be provided on a one-time, last resort, emergency basis for the purpose of sustaining the individual’s competitive employment; and 2) up to 10 percent of the funding may be used for benefits counseling services to assure that individuals are benefiting from the infrastructure development and service coordination. An emergency use would consist of an intervention or support enduring no more than one day which is designed to compensate for the unexpected breakdown of a person’s normal support system and for which other resources are not readily available to sustain a person’s employment schedule or commitments. Examples might include: emergency rental of a replacement wheelchair or coverage for transportation breakdowns. Benefits counseling provided with grant funds must add to available services and must not be reimbursable from other sources.

Grant funds may not be used for services, equipment, or supports that are the responsibility of another party under Federal or State law (such as vocational rehabilitation or education services) or under any civil rights laws including, but not limited to, modifications of a workplace or other reasonable accommodations that represent an obligation of the employer or other party. Funds may not be used for infrastructure for which Federal Medicaid matching funds are available at

enhanced matching rates, such as certain information systems projects. Grant funds may not be used to match any other Federal funds.

Many States have expressed interest in developing section 1115 demonstrations that have an employment focus. Separate and apart from this grant program CMS will consider for approval stand alone 1115 demonstration proposals that provide limited coverage to workers in lieu of State plan options under the condition that the State: (1) develop a viable policy question of interest which is researchable and (2) develop a valid budget neutrality model. Development of these demonstrations may be supported with Medicaid Infrastructure Grant funding.

Similarly, separate and apart from this grant program, CMS will consider for approval proposals to add working adults with disabilities as an optional group to comprehensive 1115 proposals including Health Insurance Flexibility and Accountability waivers (HIFA) on a case-by-case basis. In general, these proposals cover primary populations unrelated to working individuals with disabilities and may use existing savings to cover secondary populations including working individuals with disabilities. As such, they do not involve policy questions around the working disabled or include research that adds to CMS findings on employment. Therefore, the development of these proposals may not be supported with Medicaid Infrastructure Grant funding. Additionally, expenditures on populations enrolled in 1115 demonstrations (except Massachusetts which is grand-fathered) will not be considered for purposes of calculating the total grant award.

Pre-award costs are not allowable under this funding opportunity.

6. OTHER SUBMISSION REQUIREMENTS

Involvement of People with Disabilities and Other Stakeholders

States are required to build into the MIG the continuous, active involvement of individuals with a disability or long-term illness in the project design, implementation and evaluation. That collaboration and partnership is vital to the success of any project.

We also encourage processes that promote the active involvement of additional stakeholders who can promote effective public/private partnerships such as other State and local agencies, employers, service providers, and advocacy groups.

Transition for On-Going Administration

States must include a short plan for phasing out grant funds and ensuring that necessary, on-going administration will be assumed as a regular Medicaid administrative expense or paid for through other means.

Central Contractor Registry (CCR) Requirements

The applicant must also register in the Central Contractor Registration (CCR) database in order to be able to submit the application. Information about CCR is available at <http://www.ccr.gov>. The central contractor registration process is a separate process from submitting an application. Applicants are encouraged to register early. In some cases, the registration process can take approximately two weeks to be completed. Therefore, registration should be completed in

sufficient time to ensure that it does not impair your ability to meet required submission deadlines.

V. APPLICATION REVIEW INFORMATION

1. CRITERIA

Overview: Approach to Implementing the Last Year of MIG Funds

Applications will be reviewed based on the following criteria:

- 1. Vision for Systems Change (10 points)**
- 2. Goals and Objectives for achieving that change (30 points);**
- 3. Outreach and Partnerships needed to accomplish systems change (30 Points); and,**
- 4. Sustainability Workplan identifying key elements to obtain systems change (30 points)**

Successful proposals will present a carefully designed request for resources to support the vision for removing barriers to employment as well as the goals and objectives that are likely to ensure infrastructure sustainability for competitive employment in 2011 and beyond.

Note: A Goal is the measureable outcome that the grant is seeking to achieve. Objectives are the strategies the grant will use to achieve the Goal. Applicants should describe a clear and compelling vision for an integrated, competitive employment infrastructure supported by the highest leadership inside and outside the MIG agency.

Applicants should describe measurable, outcome-oriented Goals and Objectives that demonstrate enduring and significant improvement in the ability of the system to provide adequate health coverage for people with disabilities, who are competitively employed, provide needed personal assistance and other supports, and/or remove other significant barriers to employment.

For each measurable Goal and Objective, applicant should be able to demonstrate the commitment and capacity of the MIG grant to carry out these infrastructure activities by describing how the grantee is positioned to bring together key stakeholders to implement the current year of funding, as well as play a major role in convening relevant partners and other resources to ensure sustainability for each core infrastructure change component. Support from partners and existing entities within the competitive employment infrastructure, such as other State Agencies, the disability community, employment service providers, education, and others should be included.

Through a detailed sustainability workplan, applicants should describe the organizational capability and readiness to implement each major goal via durable staff, collaborative partnerships, training practices, coaching/mentoring, Memoranda of Understanding (MOUs), or other sustainable commitments that have been or will be developed. A template is attached.

The narrative for the Basic *and* Comprehensive Infrastructure Grants should, at a minimum, include the following:

A. Vision for Systems Change and Remaining Barriers to Employment (10 points)

Present a clear, succinct and compelling vision for an integrated, competitive employment infrastructure in 2011 and beyond. Describe any remaining barriers to employment that are relevant to planned grant activities. Include information about stakeholder involvement in identifying the barrier(s) to employment and any continued role stakeholders will have in grant design, implementation, and evaluation.

Review Criteria: Is there a clear and compelling vision for an integrated, competitive employment infrastructure? Are the remaining barriers to employment described of significant importance to workers with disabilities, their families, employers and others? Is there evidence to reflect the meaningful involvement of key stakeholders (including PWD, business, agency, and others) in identifying and allocating MIG resources?

B. Goals and Objectives (30 points)

Provide a description of how the grant funds will be used for Medicaid infrastructure development to offer enduring and significant improvement in the ability of the system to provide adequate health coverage for people with disabilities, who are competitively employed, provide needed personal assistance and other supports, and/or remove other significant employment barriers. MIG funding may not fund programs which are the responsibility of the State Medicaid Agency or another federally funded program. For more information, see the examples of “Prohibited Use of Funds” in the Appendix. A Goal is the measurable outcome that the grant is seeking to achieve. Objectives are the strategies the grant will use to achieve the Goal.

CMS expects the primary Goals and Objectives for the last year of MIG funding will center around resolving major barriers to competitive, integrated employment as identified by key stakeholders in the community at large (e.g. people with disabilities and their families, state agencies, employers, and others). Clearly state outcome-oriented Goals and measurable Objectives with a time frame for their accomplishment. Include information about any ongoing research efforts to support program implementation or development related to Goal and Objectives.

Review Criteria: Are the Goals and Objectives in the proposal consistent with the stated barriers to employment? Do the identified Goals and Objectives seem likely to ensure implementation and ongoing sustainability for competitive employment infrastructure in 2011 and beyond? Are the Goals clear and supported by logical, measurable supporting Objectives?

C. Outreach and Partnerships (30 points)

For each measurable Goal, applicants should be able to demonstrate the commitment and capacity of the MIG grant to carry out these infrastructure activities by describing how the grantee is positioned to bring together key stakeholders to implement the current year of funding,

as well as play a major role in convening relevant partners and other resources to ensure sustainability for each core infrastructure change component.

Support from partners and existing entities within the competitive employment infrastructure, such as other State Agencies, the disability community, employment service providers, education, and others should be included. Grantees must describe the commitment, or lack thereof, of these stakeholders to the proposition that people with disabilities can make significant contributions to the economic success of the State through their employment. The narrative description should be supported by letters of commitment stating their position regarding support for the mission and purpose of this project. Note: Including plans to address any identified weaknesses in the MIGs position and commitment in 2011 will strengthen this description.

If there are management information system tools available for tracking the progress of infrastructure efforts, or any modifications planned to better track infrastructure progress in 2011 and beyond, describe these tools.

Review Criteria: Is it clear that the MIG is, or will be, well-positioned to carry out the identified Goals and Objectives in 2011? Is there a description of key internal and external leadership for the grant, along with corresponding letters of commitment? Is the proposed management structure, including how key project staff will relate to the proposed project director, the Medicaid Agency, and any interagency or community working groups provided? Is a description of the sub-contractors or partners to be involved in the demonstration and receiving funds included? Does the applicant have the necessary critical mass of support to make the project successful? Are there major gaps in support? If yes, are these gaps addressed? What ongoing role for each partner has been identified to ensure the sustainability of the project? Are there tracking tools that have been, or will be, put in place to measure infrastructure successes?

D. Sustainability Workplan with Self-Assessment of Readiness (30 points)

Applicants must provide a detailed workplan describing key elements of project sustainability for the expenditure of MIG funds in 2011, using the template provided. This workplan will assist the applicant in describing a clear plan, or proposed plan, for sustaining each systemic and/or individual-level behavior change (Goal and Objectives) beyond the life of the current MIG grant, ending December 31, 2011.

Through this workplan, the applicant should identify responses to each element within the template, including a critical assessment of the applicant's current capacity (or readiness of identified partner) to carry on Goals and Objectives without continued MIG resources.

Applicants will not lose points for an honest assessment of readiness; rather, this workplan is designed to assist the grantee in identifying key areas to focus on and address prior to the end of 2011 to increase the likelihood of sustainable efforts. Maximum points will be achieved through a thoughtful and comprehensive description of the elements indicated, as well as any other key indicators of sustainable activities the applicant would like to include. Completing the workplan template is required; an additional narrative description of the workplan or additional key indicators may be included if the applicant finds it useful. The sustainability workplan and any additional narrative are to be included in the 40 page limit for the application.

Description of Sustainability Workplan Template

Goal: A brief description of the proposed Goals and Objectives for the 2011 grant period along with a timeline. A Goal is the measureable outcome that the grant is seeking to achieve. Objectives are the strategies the grant will use to achieve the Goal.

Sustainability Measures: For each major Goal, describe how the following three sustainability measures are, or will be, in place to assure ongoing support for infrastructure activities in 2011 and beyond. Particular strengths or weaknesses may be noted and addressed in the table, in “Next Steps”.

1. Describe specific indicators of ongoing project leadership, within the MIG and outside the MIG, that can be expected to ensure project implementation, including any or all of these commitments: durable staff; financial resources and management; capacity to convene other key partners (such as State Agencies, the disability community, employment service providers, business, and others); connections and access to other key partners; training practices; coaching/mentoring resources; or existing tools, such Memoranda of Understanding, policy changes, contracts, service descriptions, performance measures, and/or other mechanisms to support ongoing development of competitive employment infrastructure for workers with disabilities. How will the work of leaders actively engaged in MIG efforts be sustained beyond the life of the grant?
2. Describe any performance measures and/or program data that are *or will be* available to monitor implementation efforts in 2011 and over time. What information can be gathered, and by whom, to evaluate the effectiveness of program efforts? What information can be gathered, and by whom, to evaluate the effectiveness of personnel efforts?
3. Describe any strategies that are, or will be, in place to engage decision makers inside and outside the MIG to ensure sustainability. What decision makers are critical to the ongoing success of MIG funded efforts, and how will the project engage them in 2011 to achieve their support?

Readiness Ranking: Provide a self-assessment of the MIG project’s current or expected capacity to meet the three identified sustainability measures, using the following rankings: Sufficient, Not Yet Sufficient, or Unsure. Applicants will not lose points for an honest assessment of readiness; rather, this workplan is designed to assist the grantee in identifying key areas to focus on and address prior to the end of 2011 to increase the likelihood of sustainable efforts. Maximum points will be achieved through a thoughtful and comprehensive description of the elements indicated, as well as any other key indicators of sustainable activities the applicant would like to include.

Next Steps: Describe any particular strengths and opportunities for both interim progress and long-term efforts to further develop or address weaknesses in the three sustainability measures. What entity, if identified, will provide continued financial, human resource, or other project support beyond 2011?

Review Criteria: Is the sustainability workplan template complete? Is there evidence that the applicant has considered all key elements identified as sustainability measures for each major Goal section? Has the applicant indicated both existing strengths and opportunities for improvement? Are there clear indicators that the applicant has, or will,

identify and convene key partners for the purpose of engaging ongoing planning for sustainability?

Sustainability Workplan Template

	Sustainability Measures 1. Evidence of Internal and External Leadership 2. Performance measures/program data 3. Sustainability strategies	Readiness Ranking (Self-Assessment)	Next Steps
Goal :			
Goal :			
Goal :			

2. REVIEW AND SELECTION PROCESS

A panel of experts will conduct an objective review of all applications. The panelists will assess each application based on the review criteria to determine the merits of the proposal and the extent to which the State evidences the capacity to implement the Medicaid Infrastructure Grant. The results of the objective review will be used to advise the approving CMS official who makes the final decisions concerning awards. CMS reserves a limited right to assure adequate reasonable geographic and other representation among States receiving grants. However, we will not exercise this right if there is a major qualitative difference between high-ranked applications and any application that would remedy a geographical imbalance. CMS reserves the right to request that States revise or otherwise modify certain sections of their proposals based on the recommendations of the panel.

3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES

CMS expects to make awards by November 30, 2010. Grantees will receive award letters, terms and conditions and Notices of Award (NoA) at that time.

VI. AWARD ADMINISTRATION INFORMATION

1. AWARD NOTICES

Successful applicants will receive a Notice of Award (NoA) signed and dated by the CMS Grants Management Officer by November 30, 2010. The NoA is the document authorizing the grant award and will be sent through the U.S. Postal Service to the applicant organization as listed on its SF-424. It will provide the amount of the award, purpose of the award, terms of the agreement, duration of the project period for which funding is available, and any special terms and conditions of the grant. Grant awards will be issued within the constraints of available

Federal funds and at the discretion of CMS. Any communication between CMS and applicants prior to issuance of the NoA is not an authorization to begin performance of a project and any costs incurred before receipt of a NoA are at the recipient's risk. Unsuccessful applicants will be notified by letter, sent through the U.S. Postal Service to the applicant organization as listed on its SF 424 after November 30, 2010.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

Applicants should be aware that they may be required to comply with Special Terms and Conditions that will apply specifically to a particular State's proposal. These terms and conditions are used to clarify particular grant activities and assure that grant funding is being used in a permissible manner. Because these terms and conditions are written specific to a particular grant, it is not possible to review them prior to application submission.

The award is subject to DHHS Administrative Requirements, which can be found in 45 CFR Part 74 and 92 and the Standard Terms and Conditions implemented through the HHS Grants Policy Statement located at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>.

3. REPORTING

States receiving awards must agree to cooperate with any Federal evaluation of the program and provide quarterly, annual and final reports in a form prescribed by CMS (including the SF-269a Financial Status Report forms and/or the Federal Financial Report, SF-425). The reports will be designed to outline how grant funds were used and to describe program goals, objectives, progress and barriers. States also agree to provide data on key aspects of their system improvements, scaled to the size of their grant award. For States with Medicaid Buy-In programs, such data include but are not limited to the number of subscribers, prior Medicaid eligibility status, and Medicare eligibility status, presence of other public or private third-party insurance, premium collections, employment status, and the number of subscribers who increase their employment level. For States using grant funds to improve Medicaid services that support competitive employment, we will seek data on the nature and extent of the improvements as well as the number of people who benefit from such improvements.

Additionally, all States must provide data on the following common programmatic elements: Medicaid Buy-In, employment supports including personal assistance services and supported employment, coordination with other work incentive programs, employment education and outreach, and research and evaluation. An on-line report format will be supplied by CMS and final details will be negotiated as part of the final grant award process.

Congress imposed a reporting requirement on grantee States when it created this program which involves tracking and reporting the number of Title II and Title XVI disability beneficiaries who return to work during each year of the grant program. CMS will work with the Social Security Administration and the States to fulfill this reporting requirement.

If awarded a grant, the Financial Status Report, SF-269a will be the required financial report submitted to CMS. This report is subject to change. The Federal Financial Report, SF-425 will be the required financial report submitted to the Payment Management System (PMS).

VII. AGENCY CONTACTS

Questions regarding grants administration should be submitted to:

Medicaid Infrastructure Grant
Attn: Nicole Nicholson
Centers for Medicare & Medicaid Services
Office of Acquisition and Grants Management
AGG, Grants Management Staff
Mailstop: C2-21-15
7500 Security Boulevard
Baltimore, Maryland 21244-1850
E-mail: Nicole.nicholson@cms.hhs.gov

Questions regarding Medicaid Infrastructure Grant content should be directed to:

Medicaid Infrastructure Grant Technical Director
Attn: Joe Razes
Centers for Medicare & Medicaid Services
CMSO, DEHPG, DASI
Mailstop: S2-14-26
7500 Security Boulevard
Baltimore, Maryland 21244-1850
Phone: (410) 786-6126
E-mail: joseph.razes@cms.hhs.gov

VIII. OTHER INFORMATION

Coordination with Medicare and Private Insurance

States that receive grant funds and that propose (or have) a Medicaid Buy-In program should plan on designing methods to coordinate the Buy-In effectively with private insurance and with Medicare (e.g. the Medicare Part D drug benefit; payment of Medicare Part B premiums to ensure full Medicare coverage and a reduction in eventual cost to Medicaid). CMS will provide technical assistance on design elements that may be useful for States to consider.

Meetings

All States receiving awards are required to attend the CMS meeting of grantee States. Proposed grant budgets must contain the necessary funds to send two representatives, one of which must be the Project Director, to the meeting. For budgeting purposes, travel estimates should be based on a Washington, D.C. or a Baltimore, MD location. At a minimum, States should also plan to send at least two representatives to one additional meeting in 2011 offered through a

Technical Assistance provider. For budgeting purposes, base travel on a Washington, D.C. or a Baltimore, MD location.

Civil Rights

All grantees receiving awards under this grant program must meet the requirements of Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; Hill-Burton Community Service nondiscrimination provisions; and Title II, Subtitle A, of the Americans with Disabilities Act of 1990.

Appendix One

Personal Assistance Services: Definitions And Criteria for Grant Eligibility

Personal assistance services sufficient to enable individuals to work:

For eligibility under this grant program, a State must offer personal assistance services statewide within and outside the home to the extent necessary to enable an individual to be engaged in full-time competitive employment. For purposes of this grant program, “personal assistance services” means:

A range of services, provided by one or more persons, designed to assist an individual with a disability to perform daily activities on and off the job that the individual would typically perform if the individual did not have a disability. Such services shall be designed to increase the individual’s control in life and the individual’s ability to perform activities on and off the job. [Ticket to Work and Work Incentives Improvement Act of 1999, Pub. L. No. 106-170, § 203 (b)(2)(B)(ii)].

Offering personal assistance services to the extent necessary to enable individuals with disabilities to remain competitively employed is defined in the following bullet points. States that achieve eligibility for the grant program must have ALL of the following:

- ❖ Personal assistance services must be offered statewide through:
 - (a) the optional Medicaid personal care services benefit under the State Medicaid plan as defined in 42 CFR 440.167, or
 - (b) a section 1115 and/or section 1915(c) waiver and/or 1915(b) waiver *which substitutes for statewide personal care coverage sufficient to support employment under the State Medicaid plan as defined below*, or
 - (c) a combination of State Plan personal care option and Medicaid waiver which collectively meet the state wideness and other criteria described below; and

For purposes of the Medicaid Infrastructure Grant program, personal assistance services are those as defined under Medicaid law that includes a range of assistance provided to persons with disabilities and chronic conditions of all ages. Such assistance most often relates to performance of ADLs and IADLs. A State’s personal care benefit must be sufficient in amount, duration and scope such that an individual with a moderate to severe level of disability would be able to obtain the support needed to live, get to and from work, and perform at the worksite. This does not mean, however, that a State is responsible for providing personal assistance services at the worksite to the degree that they go beyond the scope of the Medicaid program and subsume an employer’s responsibility under the ADA.

States should base determinations of need for PAS at the worksite on an individual basis as documented in a plan of care for that individual. Evidence must be available that the State has the ability, through mechanisms including individualized assessments that account for out-of-home settings, to match need for personal assistance services with the quantity of services delivered. Establishing caps on the number of days or the number of hours per day that services are available without regard to individual need will not satisfy this requirement although a State may establish one or more thresholds that require prior authorization, or caps that have

provisions for making exceptions to the caps based upon individuals need and prior authorization review. A State is eligible if it has a state plan personal assistance service that does not have individual limits that would preclude it from serving a person with a significant disability who is employed 40 hours per week. In that regard, services must be available inside and outside the home and cannot be limited to assistance in transportation to medical appointments.

Additionally, the service cannot be limited to persons with a particular type of disability or level of disability. If a State is eligible based on its state plan service, waivers are not considered.

If a State does not have a state plan service that meets the criteria above, a State may still be eligible through waivers that provide personal assistance services to potential workers with disabilities. A State must have at least statewide MR/DD and physical disability 1915(c), 1915(b) or 1115 waiver(s). These waivers must be of sufficient size and not restricted by extremely high level of care criteria. CMS must determine that there is reasonable evidence that the waivers have the capacity to serve at least 51 percent of the population of individuals with disabilities in the State who are, or wish to be, employed.

Additionally, if a State has a Medicaid Buy-In program under either the Balanced Budget Act or the Ticket to Work and Work Incentives Improvement Act, the State must have amended their waivers to include the Medicaid Buy-In group.

In addition to the requirements above, a State must attest that its system meets all of the following criteria. The State Medicaid Director must submit a letter ensuring compliance with the grant application.

- ❖ A State must have criteria for reviewing and responding to requests from qualified employed individuals with disabilities who believe they require more services than determined at their individual assessment, or a different type of physical or cognitive assistance than that which has been made available. Such criteria should be developed in consultation with individuals with disabilities who use personal assistance services and are competitively employed; and
- ❖ workers receiving personal assistance services must be able to receive personal assistance services at times during both the day and night seven days a week, subject to a finding of individual need; and
- ❖ unless an individual needs only assistance with activities of daily living, medical necessity definitions used by a State must not preclude the availability of personal assistance services for instrumental activities of daily living such as cooking, cleaning or shopping if such assistance is required for an individual to remain competitively employed.

Appendix Two

Examples of Permitted and Prohibited Uses of Grant Funds

A. Examples of Permitted Uses of Funds

1. Medicaid Buy-In Programs

Buy-In Design and Implementation: Design, cost-modeling, development and initial administrative implementation of Medicaid Buy-Ins for the eligibility groups described in sections 1902(a)(10)(A)(ii)(XIII), (XV) and (XVI) of the Social Security Act including:

- ❖ Staffing or contracting costs (and related staff expenses) for planning, cost modeling, initial implementation and management.
- ❖ Expenses incurred by people who have a disability who volunteer to participate in State planning, design, training, and implementation events.
- ❖ Expenses related to processes that actively involve people with disabilities in the design and /or implementation of the Buy-In programs.
- ❖ Changes to the State's automated eligibility determination systems.
- ❖ Changes to the State's information systems necessary to: issue Medicaid cards; track enrollment; gather and track key information about enrollees (see grantee reporting requirements); manage premium collections and payments; coordinate benefits with Medicare and other third-party insurers; manage and track special asset disregards such as special earned-income savings accounts that a State may permit as part of its work incentives.
- ❖ Training materials, curricula, and events for training eligibility determination workers, SSA field staff, benefit counselors, independent living centers, advocacy organizations, and others.
- ❖ Software for managing premium collections or tracking special savings accounts permitted as an asset disregard.
- ❖ Outreach efforts to inform prospective enrollees and/or employers about the availability of the Buy-In and provide information regarding costs and enrollment criteria.

Tracking, Reporting and Learning Systems: Costs to build and maintain capacity to:

- ❖ Meet the reporting requirements of this grant solicitation.
- ❖ Track key enrollee data (e.g. enrollee characteristics, prior Medicaid and Medicare status, employment, etc.).
- ❖ Conduct basic research on costs of services used by enrollees, utilization, or trends over time.
- ❖ Design and conduct effective methods to obtain enrollee feedback or input on the operation of the Buy-In, the effectiveness of the coverage being provided, and methods to improve the manner in which the Buy-In facilitates employment.

Coordination of benefits: Expenses involved in designing and implementing methods to coordinate the Buy-In programs effectively with Medicare and with other public or private insurance coverage.

2. Medicaid Services That Most Directly Support Individuals with Disabilities who are Employed

- ❖ Personal Care under the State Plan: Design, cost modeling, and development of a Medicaid state plan service to cover the personal care services optional benefit under the state plan.
- ❖ Providers of PAS: Development of provider capacity and reliability to support the provision of personal assistance services (PAS) 7 days a week, during the day and night as needed by competitively employed individuals with disabilities; development of effective emergency or back-up systems for people who are competitively employed.
- ❖ Adequacy of PAS: Design and/or initial implementation of changes to the State's personal assistance services that substantially improve the extent to which the service supports the competitive employment of people with disabilities, such as: conversion of across-the-board service caps to authorizations based on individual need, inclusion of cueing as a component of personal assistance services, etc.
- ❖ Training Medicaid Case Managers: Training materials, curricula and events designed to train case managers funded by Medicaid regarding: the Medicaid Buy-In; the availability of vocational rehabilitation services (VR) and the procedures for working with VR agencies; the availability of Section 1619 Medicaid protections for SSI beneficiaries who work; the inner workings of the SSI provision for Programs to Achieve Self-Sufficiency (PASS); provisions of the new Ticket to Work and Work Incentives Improvement Act; changes to Medicare extended periods of eligibility, and other programs which will assist people with disabilities to be employed competitively.
- ❖ Medicaid Case Management Design: Redesigning the content, scope, activities, and outcomes of Medicaid case management activities to incorporate valued social and economic roles, defined and desired by the individual with a disability, as an element of each case plan.
- ❖ Self-Determination Designs: Incorporating the new employment possibilities in the evolving field of self-determination within the Medicaid program, or redesigning traditional Medicaid services to incorporate self-determination principles with an employment focus.
- ❖ Other Medicaid Services: Improvements in the design, cost-modeling, development and initial implementation or evaluation of other Medicaid services which have a direct and significant impact on the ability of individuals with disabilities to sustain competitive employment, such as transportation services or modifications, assistive devices, communication aids, or community mental health services.
- ❖ Coordination: Coordination activities between other State agencies with direct responsibilities to individuals with disabilities in their pursuit of competitive employment and the Single State Medicaid Agency.
 - ❖ Use of Peer Supports

- ❖ Supported Employment
- ❖ Self-Directed PAS

3. Technical Assistance

- ❖ **Staffing:** Staffing or contracting costs (and related expenses) for technical assistance and resource center(s) to assist other States to design or implement Medicaid Buy-Ins or a Medicaid demonstration project.
- ❖ **Training and Consulting:** Training materials, curricula development, training events, travel in-state or out-of-state, etc.
- ❖ **Peer and Network Education:** Fostering forums for the sharing of knowledge amongst peers, developing effective networks among States, employers, and people with disabilities to share new information, learn new problem-solving techniques, and advance the state-of-the-art in return to work programs.
- ❖ **Direct Technical Assistance:** Provision of direct technical assistance to other State agencies, legislatures, Governors, employers, consumer forums, or others on any topic related to the Buy-Ins or to improving Medicaid services to support competitive employment of people with disabilities.
- ❖ **Informational Resources:** Construction of resource databases for use by others in cost modeling, tracking progress and learning of other States across the country, compiling key design features and results of different States' Buy-In programs or Medicaid demonstration.
- ❖ **Outreach and Communication Resources and Services:** Developing and distributing key outreach resource materials for use in other States, including printed material, videos, testimony, audio interviews, graphics, etc. Developing and maintaining websites, links, translation services, employer outreach systems, and other communication infrastructure.

B. Examples of Prohibited Uses of Funds

- ❖ **Match:** *State or local match to any services provided under the Medicaid program or other Federal program.*
- ❖ **Medicaid Projects reimbursed at enhanced match rates:** *Any infrastructure expense for which Federal Medicaid funds are available at the enhanced matching rates. (e.g. MMIS systems development)*
- ❖ **Non-Competitive Employment:** *Any costs related to employment efforts that are not entirely designed to eventuate in the competitive employment of individuals with disabilities.*
- ❖ **Other Target Groups:** *Any infrastructure expense that is not designed to be used primarily for the benefit of people with disabilities who are employed.*
- ❖ **Premiums:** *Premiums for participants in a Medicaid Buy-In or other cost sharing under the Medicaid program.*

- ❖ ***Other Party Responsibility:*** *Services, equipment, or supports that are the responsibility of another party under Federal or state law (such as vocational rehabilitation or education services) or under any civil rights laws including, but not limited to, modifications of a workplace or other reasonable accommodations.*
- ❖ ***Direct Provision of Services:*** *Direct provision of services to people with disabilities except for 1) a one-time, last resort, emergency basis for the purpose of sustaining the individual's competitive employment or 2) benefits counseling as described in Section VI "Funding Restrictions, General Restrictions."*
- ❖ ***On-going Administration of Medicaid services:*** *Ongoing administration is not a fundable activity unless such administration is part of a well-defined test of alternate and improved methods focused specifically on employment (e.g. testing, implementation and management of new prior authorization criteria under Medicaid personal care designed to assess the need for additional support when people are employed).*
- ❖ ***Data Processing Hardware:*** *Hardware in excess of the personal computers required for staff devoted to the grant project.*
- ❖ ***1115 Proposals without Research Merit:*** *Grant funds may not be used to develop 1115 proposals that do not have a primary research focus on employment.*

Appendix Three

MIG INITIATIVE CONTENT AREAS

Include information only for activities to be supported by MIG funding. For example, if the Medicaid Buy-In was enacted before MIG funding was received; do not check the *Develop policy around MBI – initial program policy* box. However, if policy changes to restrict eligibility in an existing MBI were supported by MIG funds, check the *Develop policy around MBI – restriction of eligibility* box.

State: _____

I. Medicaid Buy-In

- ☐ Develop policy around MBI, including
 - ☐ initial program policy
 - ☐ expansion of eligibility (e.g., increased asset, income limits)
 - ☐ restriction of eligibility (e.g., decreased asset, income limits)
 - ☐ changes to premium requirements
 - ☐ waiver modifications
 - ☐ state plan amendments
- ☐ Provide training to staff and agencies on MBI program, including development of training materials for staff and agencies
- ☐ Develop disability review process for MBI
- ☐ Conduct analysis of implications of MBI policy changes

II. Employment Supports

Personal Assistance

- ☐ Develop or modify policy to expand general PAS availability
 - ☐ waiver modifications
 - ☐ state plan amendments
- ☐ Develop or modify policy to expand workplace PAS availability
 - ☐ waiver modifications
 - ☐ state plan amendments

- ☐ Implement trial programs on PAS service delivery (e.g., pilot projects of limited scope to test PAS expansion options)
- ☐ Conduct policy analysis of PAS expansion implications (e.g., fiscal implications of expanding PAS availability under certain conditions)

Supported Employment

- ☐ Conduct Customized Employment strategies
 - ☐ Develop programs or waivers targeting specific subgroups of persons with disabling conditions
 - ☐ People with mental illness
 - ☐ People with mental retardation and/or developmental disabilities (MR/DD)
 - ☐ Other subgroups _____
 - ☐ Through a State Plan Amendment
 - ☐ Through Waiver(s)

III. Benefits Counseling & Work Incentive Programs

- ☐ Provide work incentives benefits counseling services, including services to targeted groups such as youth in transition
- ☐ Provide training to service providers on benefits counseling services
- ☐ Develop online benefits counseling tools
- ☐ Develop/increase benefits counseling capacity (e.g., hire, train BC staff)
- ☐ Make administrative changes to benefits counseling or work incentive programs
 - ☐ Develop new programs
 - ☐ Modify or expand programs
 - ☐ Develop Technical Assistance (TA) network for benefits counselors
- ☐ Build linkages/relationships with other agencies to sustain benefits counseling supports and programs
- ☐ Collaborate with other work incentive programs
 - ☐ Ticket to Work program (SSA)
 - ☐ Disability Program Navigator (ETA/SSA)
 - ☐ Benefit Offset Demonstration (SSA)

- ☐ Other programs _____

IV. Employment Training, Education & Networking

Employment Training & Education

- ☐ Provide training to service providers on employment and work incentives
- ☐ Provide training to consumers on basic job skills (includes training to targeted groups)
- ☐ Develop employment technical assistance (TA) networks

Employment Networking

- ☐ Build partnerships with employers/business organizations (e.g., Business Leadership Networks (BLNs))
- ☐ Develop strategies/tools for hard to reach populations
- ☐ Establish/support peer networks for employed persons with disabling conditions
- ☐ Build linkages/relationships with other agencies to sustain employment networks or educational programs

V. Research & Evaluation

- ☐ Conduct research with consumers
 - ☐ Surveys
 - ☐ Focus groups
 - ☐ Key informant interviews
- ☐ Develop data sharing agreements to obtain needed data
- ☐ Conduct data source mapping and identify gaps
- ☐ Build integrated database/data warehouse
- ☐ Track project/program participants over time
- ☐ Conduct resource assessments/mapping

- ☐ Conduct research with service providers
 - ☐ Surveys
 - ☐ Focus groups
 - ☐ Key informant interviews
- ☐ Conduct research with employers
 - ☐ Surveys
 - ☐ Focus groups
 - ☐ Key informant interviews
- ☐ Develop quality assurance measures (e.g., build tools or conduct assessments regarding services)
- ☐ Develop measurement strategies & evaluation plans
- ☐ Build linkages/relationships to sustain research and evaluation capacity

VI. Outreach

- ☐ Conduct outreach on MBI (Website, videos, conference/summit, brochures) to
 - ☐ consumers
 - ☐ service providers
 - ☐ employers
 - ☐ medical professionals
- ☐ Conduct outreach on PAS service availability (Website, videos, conference/summit, brochures) to
 - ☐ consumers
 - ☐ service providers
- ☐ Conduct outreach on supported employment services, such as job coaching, (Website, videos, conference/summit, brochures) to
 - ☐ consumers
 - ☐ service providers
- ☐ Conduct outreach/education on waiver programs/SPAs and supported employment (Website, videos, conference/summit, brochures) to
 - ☐ consumers
 - ☐ service providers
- ☐ Inform consumers about availability of Benefits Counseling (Website, videos, conference/summit, brochures)

- ☐ Inform consumers about content and use of Benefits Counseling (Website, videos, conference/summit, brochures)
- ☐ Develop outreach tools for employers on employment of persons with disabling conditions (Website, videos, conference/summit, brochures)

Appendix Four
Letter of Intent

Please submit this form by June 14, 2010 to:

Effie R. George, Ph.D.
7500 Security Boulevard
Mail Stop S2-14-26
Baltimore, Maryland 21244-1850
Effie.george@cms.hhs.gov

1. State Name: _____
2. State Agency likely to serve as lead: _____
3. Contact Name and Title: _____
4. Address: _____

5. Phone: _____ 6. Fax: _____
7. E-mail: _____
8. Uses of Funds for Medicaid Infrastructure Grant (*Check one.*):
 - ☐ Basic Medicaid Infrastructure Development
 - ☐ Comprehensive Employment Infrastructure Development
9. Duration of Grant Request: From _____ to _____
10. Questions: Please attach any questions you would like to have answered before you submit your application.

Although this document is not required to apply for a Medicaid Infrastructure Grant, States are encouraged to submit a Letter of Intent to assist CMS in its grants planning.

Appendix Five

Application Submission Checklist

- _____ State Agency Cover Letter
- _____ SF-424 – Application for Federal Assistance (Grants.gov form)
- _____ SF-424A – Budget Information Sheet (Grants.gov form) – Federal and non Federal amounts must be shown separately.
- _____ SF-424B – Assurances for Non-Construction Programs (Grants.gov form)
- _____ SF-LLL – Disclosure of Lobbying Activities (Grants.gov form)
- _____ Additional Assurances Certifications (Grants.gov form)
- _____ Key Contacts (Grants.gov form) – please identify the Principal Investigator/Project Director and fiscal person who is responsible for completing the financial reports i.e. SF-269a and SF-425
- _____ Biographical Sketch/resume (upload in Grants.gov as an attachment)
- _____ Letter of Agreement from single State Medicaid agency (if applicable)
- _____ Project Abstract
- _____ Project Narrative (including TA plan and Sustainability Work plan (upload in Grants.gov as an attachment)
- _____ Budget Narrative/Justification (upload in Grants.gov as an attachment)
- _____ Letters of Agreement, Endorsements and Support
- _____ Required Appendices
- _____ PAS Attestation letter
- _____ Indirect Cost Rate Agreement (if applicable)

Please see Section IV *Required Contents* for detailed information on the application submission requirements.